## **FEC**

## REPORT OF RECEIPTS

To

14 OCT 15 PH 5: 42

| FORM 3   |  | URSEN<br>orized Comn |                               |              |                                    | Office Use Only                 |
|--|--|----------------------|-------------------------------|--------------|------------------------------------|---------------------------------|
| . NAME OF<br>COMMITTEE (in full)   | TYPE OR PRINT ▼  |                      | mple: If typing<br>the lines. | g, type      | 12FE4M5                            |                                 |
| Friends for Harry Reid   |  |                      | 1 1 1                         | ! ! <u> </u> |                                    |                                 |
|  |  | 1 1 1                |                               |              |                                    |                                 |
| ADDRESS (number and street)  | PO Box 19163   |                      |                               | 1 1 1        | 1 1 1 1                            | <u> </u>                        |
| Check if different than previously reported. (ACC)   | Las Vegas  |                      |                               |              | NV j                               | 39132                           |
| 2. FEC IDENTIFICATION N  | UMBER ▼  | CITY                 |                               | S            | STATE A                            | ZIP CODE A STATE ▼ DISTRICT     |
| C 000204370  |  | B. IS THIS<br>REPORT | (N)                           | OR           | AMEND<br>(A)                       | ED NV 00                        |
| 4. TYPE OF REPORT (Ch.  (a) Quarterly Reports:  April 15 Quarterly Fill July 15 Quarterly Fill October 15 Quarterly January 31 Year-En                               | Report (Q1) Report (Q2)  rily Report (Q3)  and Report (YE) (c) | Election on          | Primary (12P) Convention (1   | ort for the: | General (1 Special (1)  Runoff (30 | in the State of                 |
| 5. Covering Period 01 / 2014 through 03 / 31 / 2014  |  |                      |                               |              |                                    |                                 |
| Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer Claude Zobell |  |                      |                               |              |                                    |                                 |
| Signature of Treasurer Claude Zobell Community Date Date Date  |  |                      |                               |              |                                    |                                 |
| NOTE: Submission of false, erroneous, or incomplete information may exbject the person signing this Report to the penalties of 2 U.S.C. §437g.                       |  |                      |                               |              |                                    |                                 |
| Office<br>Use<br>Only  |  |                      |                               | <del>\</del> |                                    | FEC FORM 3<br>(Revised 02/2003) |

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